

Request for Funeral Leave

_____ Employee	_____ Date of Request
_____ Address	_____ Division/Department
_____ Name of Deceased	_____ Relationship to Deceased
_____ Date of Death	_____ Funeral Home
_____ Date of Burial	

- 3 Days* (Immediate Family-Father, Mother, Brother, Sister, Spouse, Child, Mother-in-Law, Father-in-Law, Daughter-in-Law, Son-in-Law, Stepmother, Stepfather, Grandmother, Grandfather, Grandchild, other relative living in your household) In the event of the death of your father, mother, brother, sister, spouse or child, you may take an additional three (3) days of SICK PAY which will be charged against your accumulated sick days. If such additional time is desired, indicate on the following line the number of sick days requested: _____
- 1 Day (Foster Mother, Foster Father, Aunt, Uncle, First Cousin, Niece, Nephew, Sister-in-Law, Brother-in-Law) **To be granted only if funeral is on regular workday and you are scheduled to work on that day.**
- 3 Days** (Existence of special filial relationship between you and deceased where normally only one (1) day is granted) In addition to this form, you must submit a notarized statement setting forth the nature of the special filial relationship for review by the Department of Human Resources.

*You may be allowed an additional two (2) days of travel time if the burial of a member of your immediate family is to take place in a city located more than 150 miles from Toledo. If this is the case, state name of city where burial is to take place: _____

I certify that the statements made above are true and accurate and that this request is made in accordance with the provisions of the Toledo Municipal code.

_____ Signature of Employee	_____ Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved

_____ Signature of Division Head	_____ Date
-------------------------------------	---------------

**Approval of the Department of Human Resources must be obtained when a special filial relationship is claimed. In this event, submit this request to the Department of Human Resources. A notarized statement from the employee setting forth the nature of the special filial relationship must be attached hereto.

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
-----------------------------------	---------------------------------------

_____ Signature of Director of Human Resources	_____ Date
---	---------------